VERIFICATION

The responsible accounting officer shall verify this report under oath.

OATH
State of THINOIS) SS
County of Lake
Elizabeth Holleb makes oath and says that
(Insert here the name of the person authorized to execute this Verification.)
he or she is <u>Finance Director / Treasurer</u>
(Insert here the exact legal title of the authorized person.)
of The City of Lake Forest; (Insert here the exact legal name of the emergency telephone system board/qualified governmental);
entity/other entity.)
that he or she is duly authorized to execute this verification; that he or she has examined the foregoing ILCC Form AR-911 (Oct 2014) Excel Workbook (hereinafter referred to as 'Report'); that to the best of his or her knowledge, information, and belief, all statements of fact contained in the said Report are true; that the said Report is a correct statement of the business and affairs of the above-named emergency telephone system board/qualified governmental entity/other entity in respect to each and every matter set forth therein; Check one of the following:
that he or she has personal knowledge that the said Report is based upon independently audited financial statements for the two most recently completed and audited fiscal years ending on
(Signature of authorized person)
(Signature of authorized person)
Subscribed and sworn to before me, a Notary in and for the State and County above named, this 26th day of September, 2014.
seal) "OFFICIAL SEAL" MICHELLE E. FRIEDRICH NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires 11/15/2014 (Signature of officer authorized to administer oath)